

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				10,245.	28

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 10,245.28

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

STATOTHR

(Sign original only)

Date 7/31/58 *Payee

(date not required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

Amount verified; correct for

(Signature or initials) ER

10,245.28

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must be given. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

STATOTHR

7/27/58

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Continued to Sheet 11

Sheet 3

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

7/27/58

FORM STL - 660

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
23	07	21	8	5193	46190		08	14	1867			1	50	25	28	00	12501	5032	81		19146 19146 *	
27	07	22	8	7-254	46151		08	15	1075			1	50	25	28	00	12501	5032	81		2100	
26	07	22	8	30	15185		07	23	352			1	50	25	28	00	12501	5032	81		2148	
25	07	25	8	18207	46274		07	23	181			1	50	25	28	00	12501	5032	81		24020	
34	07	25	8	1746	46028		08	22	871			1	50	25	28	00	12501	5032	81		28639 *	
																					47785 **	
Continued to Sheet 11																						

7/27/58

FORM SL-550				SECRET										DATE 11/21/58							
BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class Element	TR CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day						Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
25	07	22	8	17865	45480		07	24	286			1	50	25	40	22	12501	5032	63		7500 7500 * 7500 *** 7500
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BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vendor	GROSS	DISCOUNT	Tax	Class	Element	TR	CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT							Maj.	Int.	Sub.	Account	M.I.O.	S.D.	Work Order	
25	07	22	8	30			07	23	352			7	50	25	40	22	12501	5070	73				2337	
																							2337 **	
																							2337 ***	
																							2337 ***	
Continued to Sheet 11																								

Continued to Sheet 11

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ACCOUNTS PAYABLE

7/13/58 .

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Continued to Sheet 8

Sheet 8

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

7/13/58

FORM STL - 660

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	TR CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day					Maj.	Int.	Sub.	Account	M.I.O.	S.D.	Work Order	
06	07	07	8	6476	44950		07	08	1177			1	50	25	40	22	12501	5093	90	9025
09	07	09	8	3195	45496		07	30	1131			1	50	25	40	22	12501	5093	90	6800
14	07	11	8	30	15181		07	14	352			1	50	25	40	22	12501	5093	90	670
03				29	15220	8677	03	52	352			1	50	25	40	22	12501	5093	90	160
03				29	15274	8677	03	52	352			1	50	25	40	22	12501	5093	90	1188
																				17843 *
																				17843 **
																				27790 ***
																				27790
																				27790

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